

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014136

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <b>MARION</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. ELIZABETH HOSPITAL</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b> c. CITY OR TOWN <b>MONROE CITY</b> d. STREET ADDRESS (If outside, give location) <b>321 - 2nd Street</b>		
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>ETHEL</b> Last <b>ROHR</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>30</b> Year <b>1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 22, 1885</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>VANDALIA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISAAC ROHR</b>		13b. MOTHER'S MAIDEN NAME <b>MALINDA DENNEY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Frances Edwards Monroe City Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, lobes -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>29 April</b> , to <b>30 April 1959</b> and last saw <sup>her</sup> him alive on <b>30 April 1959</b> Death occurred at <b>5:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Wyrth Hambley MD</b>			22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>5/5/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St JUDES CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>Wilson &amp; Son's</b> ADDRESS <b>Monroe City Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke, By W. T. Fisher</b>		

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by *me*....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Lucas L. Gibson*.....

Licensed Embalmer No. *301*.....  
P. O. Address *Monroe City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.